

FILED APR 30 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 14367

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 605L		Registrar's No. 115			
1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. CHARLES RURAL</b>		c. LENGTH OF STAY (in this place) <b>5 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EVANGELICAL EHHAUS HOME</b>				d. STREET ADDRESS (If rural, give location) <b>3261 a KNAPP STREET</b>					
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First)		b. (Middle) <b>MATHILDA</b>		c. (Last) <b>STEFFEN</b>			
4. DATE OF DEATH <b>APRIL 16, 1956</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>			
8. DATE OF BIRTH <b>AUGUST 14, 1874</b>		9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>HEINRICH STEFFEN</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA MARY STENDER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Theophil Stecken</b>		ADDRESS <b>ST. CHARLES, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>				ANTECEDENT CAUSES				<b>24 hr</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Generalized arteriosclerosis</b>				<b>10 yr</b>	
DUE TO (c)				11. OTHER SIGNIFICANT CONDITIONS				<b>10 yr</b>	
Conditions contributing to the death but not related to the disease or condition causing death.				<b>Senility</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Oct 1954</b> , to <b>April 1956</b> , that I last saw the deceased alive on <b>April 11, 1956</b> , and that death occurred at <b>7:50 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W. A. Poggemeier MD</b> (Degree or title)				23b. ADDRESS <b>St. Charles, Mo.</b>		23c. DATE SIGNED <b>Apr 16, 1956</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 18, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>			
DATE REC'D BY LOCAL REG <b>Apr 17 1956</b>		REGISTRAR'S SIGNATURE <b>Lamie Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>		ADDRESS <b>4828 Nat'l Bridge St. Louis 15, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

Hamilton  
424 Jefferson

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Nelson  
Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.